

# Appendix 9:

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## **Alliant Energy Distributed Generation Interconnection Request Form**



## DISTRIBUTED GENERATION INTERCONNECTION REQUEST

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## INSTRUCTIONS:

1. This request is required for customers who are intending to install generation on its premises that will operate connected to the Alliant Energy Distribution System.
2. This request is intended to provide Alliant Energy personnel with information to determine requirements for interconnection of the customer's generation to the Alliant Energy System.
3. The request may be submitted electronically or mailed to the following address:

**Alliant Energy, Delivery System Planning G.O. 16, PO Box 351, Cedar Rapids, IA 52406-0351**

IA, MN, or IL Customers (include \$280.00 application fee)

**Alliant Energy, Delivery System Planning 4902 N. Biltmore Lane, P.O. Box 77007, Madison, WI 53707-1007**

WI Customers (see WI Tech Guideline for appropriate application fee)

OWNER/APPLICANT INFORMATION			
Company Name		Contact Name	
Phone No. (       )		Fax No. (       )	
Street Address		E-mail Address	
City		State	Zip
PROPOSED LOCATION OF GENERATOR UNIT			
Street Address		Account No.	
City		State	Zip
DESIGN ENGINEER			
Company Name		Contact Name	
Phone No. (       )		Fax No. (       )	
Street Address		E-mail Address	
City		State	Zip
ELECTRICAL CONTRACTOR			
Contact Name		Phone No. (       )	Fax No. (       )
Street Address		E-mail Address	
City		State	Zip
GENERATOR DATA			
Manufacturer		Model No.	Serial No.
Version No.	Type (Synchronous, Induction, Inverter, etc.)	Phase(s) <input type="checkbox"/> 1 Phase <input type="checkbox"/> 3 Phase	
Rated Output for One Unit (kW)	Rated Voltage (volts)	Rated Power Factor (%)	Energy Source
TECHNICAL REQUIREMENTS			
Is This Generator Pre-Certified? <input type="checkbox"/> YES <input type="checkbox"/> NO	Which state(s) is the Unit Pre-Certified <input type="checkbox"/> Iowa <input type="checkbox"/> Illinois <input type="checkbox"/> Michigan <input type="checkbox"/> Wisconsin		Meets Power Quality Requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
Meets Control, Protection and Safety Requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO		Performs to Relaying and Equipment Requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ESTIMATED LOAD INFORMATION			
Estimated Annual Consumption (without generation) <div style="text-align: right;">kWh</div>		Estimated Annual Generator Production <div style="text-align: right;">kWh</div>	
ESTIMATED CONSTRUCTION DATES			
Start Date		Completion Date	

75-1681 09/02

**DESCRIPTION OF INSTALLATION**

Attach a one-line diagram of the installation to this request form. The one-line diagram should show the specific location of the external disconnect. Provide a brief description of the generator operation, standby power, peak shaving.

Add brief description here:

Does the customer intend to:

- ☐ Sell power to Alliant Energy?
- ☐ Offset usage?
- ☐ Sell power to a third party over the Alliant Energy system?

Comments:

**CUSTOMER SIGNOFF SECTION**

Applicant Signature

Date

**FOR ALLIANT ENERGY USE ONLY**

Date Received

DR Request No.

Date Into DR DB

Assigned Planner